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CONFIRMATION NO. 1401

<b>SERIAL NUMBER</b> 10/550,998	<b>FILING OR 371(c) DATE</b> 10/24/2005 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1623	<b>ATTORNEY DOCKET NO.</b> TOYA117.005APC
<b>APPLICANTS</b> Tadahiko Kato, Tokyo, JAPAN; Akira Asari, Musashino-shi, JAPAN; <b>** CONTINUING DATA *****</b> M.C.H. This application is a 371 of PCT/JP04/04240 03/25/2003 <b>** FOREIGN APPLICATIONS *****</b> M.C.H. JAPAN 2003-083831 03/25/2003 <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/03/2006</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>BA-7</u> M.C.H. Examiner's Signature Initials		<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 8
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> 20995				
<b>TITLE</b> THERAPEUTIC AGENT FOR NERVE DAMAGE				
<b>FILING FEE RECEIVED</b> 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	